Indiana Division of Mental Health and Addiction

BIENNIAL REPORT SUMMARY
STATE FISCAL YEARS 2000-2001

Intro to the Division

The Indiana Family and Social Services Administration (FSSA), Division of Mental Health and Addiction (DMHA) is pleased to report on its services, progress, and future plans in the fourth biennial report. This document serves as a summary of the information that can be found in the full 2000-2001 Biennial Report available on-line at *www.in.gov/fssa/servicemental/*.

One notable change during the 2000-2001 biennium was the division's name change – from Division of Mental Health to Division of Mental Health and Addiction (HEA 1813). The biennium brought positive change to the field of mental health and addiction treatment, including a growing awareness of mental health issues and a reduction in the stigma associated with receiving treatment for mental illness. This heightened awareness was marked by the publication, in 1999, of the first U.S. Surgeon General's report issued on the topic of mental health. This report conveyed two important messages; first, that "mental health is fundamental to health" and second, that "mental disorders are real health conditions." A positive theme expressed in the Surgeon General's report is that many effective treatments exist for mental illness and that the availability and effectiveness of new treatment options continues to grow. In Indiana, there are continued efforts to shift consumers from state psychiatric hospitals into community based care. Advances in psychosocial and rehabilitation approaches, the development of new generation medications, and case management services allow more consumers to be effectively treated in the community.

The mission of the Indiana Division of Mental Health and Addiction is "to ensure that Indiana citizens have access to appropriate mental health and addiction services that promote individual self-sufficiency." Several strategies fuel this mission including a partnership with consumers and families, representation of the taxpayer through wise stewardship of tax dollars, and setting quality of care standards for the provision of addiction and mental health services.

Public Involvement

A primary tenet of Indiana Mental Health Reform P.L. 40 is the active involvement of consumers, family members, advocates, and persons with professional expertise at all levels of the system. This involvement took an even greater role with the creation of the DMHA Office of Consumer and Family Affairs. Established in April 2001, the Office assures that the interests of consumers of addiction and mental health services and their families are represented at all levels of DMHA planning and policy development. The DMHA was fortunate to obtain the services of a dedicated prosumer - an individual that is both a professional and a consumer - to head up this initiative.

Overview of Changes and Events of the Biennium

Several new services and activities were initiated in the past two years. The following highlights some of the major developments and service changes within the division.

Olmstead Mental Health Grant: The federal Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) awarded grants to the states as part of the New Freedom Initiative. Grants have been used by the states to assure that the mental health system is an active participant in state-level planning related to the *Olmstead* Decision of the U.S. Supreme Court. The Indiana DMHA dedicated their SAMHSA grant funds to identifying and involving consumers and family members in the Olmstead planning process.

Chapter Summary of Full Biennial Report

Chapter 1. The Division of Mental Health and Addiction
This chapter introduces the DMHA, lays out the driving force behind public involvement, provides an overview of changes and events of the biennium, and provides funding information.

Chapter 2. The HAP Community Services, the State Psychiatric Hospitals, and Quality Assurance
This chapter covers the continued implementation of the Hoosier Assurance Plan, community provision of mental health and addiction services, characteristics of people in the state psychiatric hospitals, and quality assurance.

Chapter 3. People Served in Funded Service Settings
This chapter provides an overview of populations served by the DMHA. It also gives in-depth coverage of the prevalence of mental illness in the state and shows the percentage of the prevalent population served by the HAP.

Chapter 4. Research, Grants, Initiatives, and Technology
This chapter details the research and grant initiatives in which the DMHA is involved. The changing technology utilized by the DMHA is also covered.

Chapter 5. Future Plans and Goals
This chapter summarizes the plans and goals that have been established to guide the DMHA into the next biennium.

Task Force on Co-occurring Mental Illness and Substance Abuse Disorders: The Task Force on Co-occuring Mental Illness and Substance Abuse Disorders published its Final Report in September 1999. The Task Force was formed at the request of the Mental Health and Addiction Advisory Council to study issues related to services for persons with co-occuring mental illness and substance abuse disorders, a topic identified at both the state and national level as a critical issue. The study found that:

- 223,000 Indiana Hoosiers have a co-occuring mental illness and substance abuse disorder,
- a majority of the 160,560 independent-living Hoosiers who have co-occuring disorders are receiving no treatment, and
- the severity of emotional and behavioral problems among adolescents is associated with increased likelihood of substance abuse.

Indiana Grassroots Prevention Coalitions Initiative: This initiative, funded by a $7.5M SAMHSA award, seeks to encourage alcohol, tobacco, and other drug abuse prevention providers to utilize programs that have scientific evidence of their effectiveness. It provided seed money to 16 communities in Indiana to implement new policies, practices, and programs to engage private citizens—parents, youth, and neighbors—in developing solutions to drug problems in their own communities and neighborhoods. A major outcome of the project will be the development of the Indiana Prevention Plan that will encourage the redirection of current prevention funding toward strategies that are scientifically based. A 33- member panel, composed of private citizens, prevention advocates, and government agencies, was appointed by the Governor to coordinate this effort.

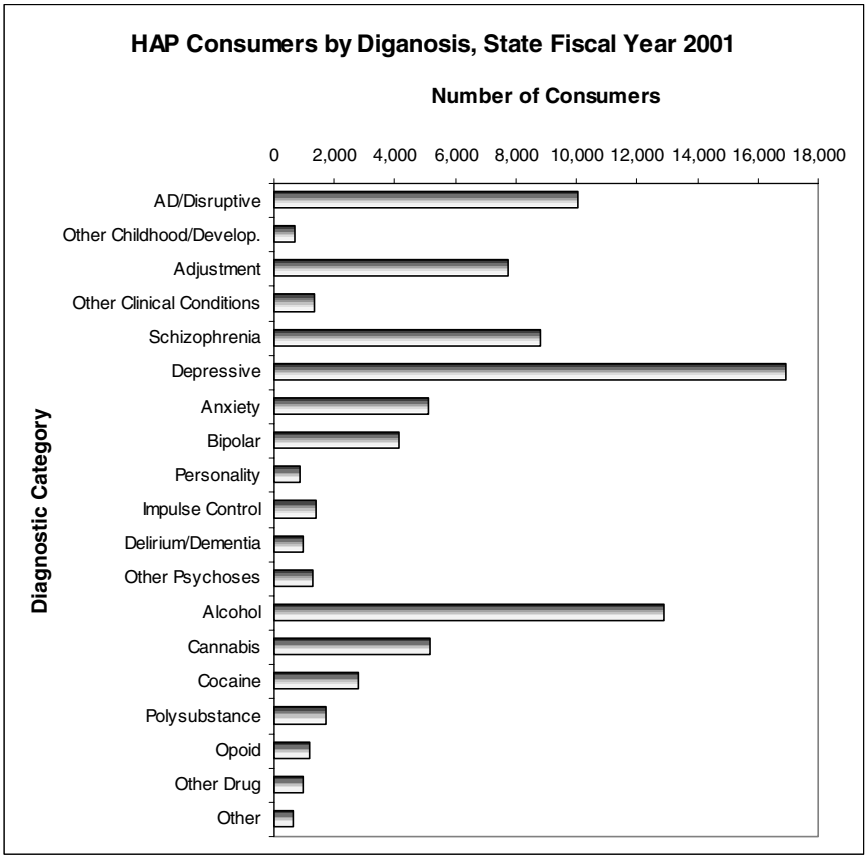
Expansion of Services for Children: During the biennium, the DMHA actively promoted the concept of wraparound services for children. This initiative has encouraged local service providers to coordinate their efforts in planning and service delivery and to pool resources to the greatest extent possible. Schools, juvenile justice, mental health centers, county Division of Family and Children offices, and other local service providers must be involved to assure success. Two Indiana programs received Federal grants to facilitate the expansion of wraparound services for children: The Dawn Project, serving Marion County, and the Circle Around Families (CAF), serving the communities of East Chicago, Gary, and Hammond in Lake County.

HAP Consumers

The Hoosier Assurance Plan (HAP) continued as the primary funding system used by the DMHA to pay for mental health and addiction services. The Hoosier Assurance Plan is not intended to directly serve the total Indiana population in need of mental health and addiction services. Rather, HAP serves only that portion of the population in greatest need of public support. Most HAP consumers have little or no income. More than one-third (39.8%) have earnings below $5000 annually, with nearly 21% reporting no annual income. The income criteria for the HAP states that individuals must have an income at or below 200% of the federal poverty level (FPL), an amount that increases dependent upon family size and that changes annually. For the year 2001, a family of three was considered to be in poverty if the annual household income was $14,630 or less. To meet HAP income criteria, the income requirement would be $29,260 or less, which is twice the federal poverty level amount (referred to as 200% of the FPL).

HAP allows the DMHA to have flexibility in targeting services to specific populations. The four primary populations designated by Indiana Statue are:

- Adults with Serious Mental Illness (SMI),
- Children with Serious Emotional Disturbance (SED),
- Persons with Chronic Addiction (SA), and
- Persons with a Compulsive Gambling Disorder (GAM).



Source: Community Services Data System

The number of children and adolescents with serious emotional disturbance (SED) who are being served by the Hoosier Assurance Plan has risen markedly since SFY 1996, from approximately 14,500 to 21,500. While more adults are being served currently than in the past, the rate of increase is not as notable. In SFY 1996, around 34,800 SMI consumers were served, while in SFY 2001, around 38,300 were served. The rise in the number of children served is attributed to state, parental, and advocate efforts to build greater awareness of community centers and the services that they offer to children.

From The Hospital to The Community

One of the driving forces of the biennium was the effort to move people out of the state hospital system and provide them with treatment in the community. The Division of Mental Health and Addiction recognized the need to address two issues facing the state psychiatric hospitals. First, DMHA needed to develop appropriate community-based services to accommodate the transition of long-term patients to the community. Second, DMHA wanted to reduce the number of adults with serious mental illness on waiting lists to enter those same hospitals. Both issues were addressed through an initiative to discharge individuals who had been in the hospital for three or more years. Because most people entering the hospitals since SFY 1999 stay only approximately six to seven months, it was believed that there could be possibly two admissions per year for every long-term bed that became vacant.

The new initiative, designated the SOF Agreement Type, relies on DMHA's method of funding community services through risk adjusted groups, or agreement types. This new agreement type supports placement of eligible individuals in the state psychiatric hospital who have a community mental health center as their gatekeeper. Eligibility for this agreement type was determined initially by a hospital length of stay of three years or longer, which later changed to two years or longer.

Division Research

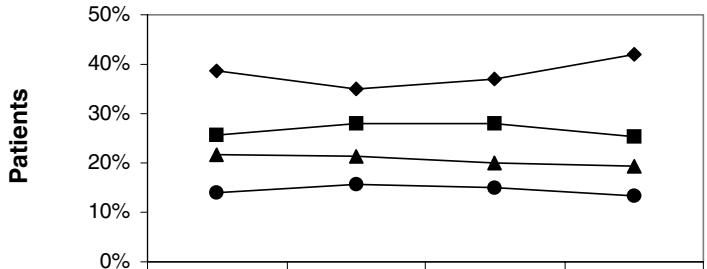
The Division is statutorily mandated to study mental health, mental illness, and addiction in Indiana. The DMHA takes this role seriously and sponsors several continuing research projects. Initiatives are funded through a combination of state and federal funds. The DMHA takes part in several long-term research initiatives that operate ongoing studies, such as the Indiana Prevention Resource Center (IPRC) and grant-funded projects that work to improve technology and data infrastructure.

One unique example of DMHA sponsored research is the Rapid Response Research Project, which focuses on small contracts and projects. The DMHA works with the Indiana Consortium for Mental Health Services Research and the Department of Psychology at IUPUI. These research opportunities often are completed in one semester or over the summer and have ranged from the development of Assertive Community Treatment (ACT) standards to the Provider Report Card Project, which brought several groups together to develop report cards that are published by the DMHA.

Future Plans

The Hoosier Assurance Plan was introduced to the state in 1994 and since that time has been a major focus of the DMHA. Changes throughout HAP's implementation have been reflected in the updating of DMHA strategies and goals in an effort to improve the provision of services. Through the fall of 1999 and spring of 2000, DMHA staff gathered in a series of meetings to respond to recommendations from the National Association of State Mental Health Program Directors, Office of Technical Assistance consulting report. These meetings soon branched out to include representative groups of consumers, family members, advocates, and providers. Eight recommendations were established in 2000 to guide the further implementation of HAP, including the recommendations that DMHA should continue its emphasis on expanding the development of community-based services, DMHA should support the identification and utilization of best practices to reduce hospital length of stay, and DMHA should ensure that the next actuarial study include a focus on co-occuring disorders. The complete list of recommendations can be found in the full biennial report available on-line at *www.in.gov/fssa/servicemental/*.

Length of Stay for Patients who were Present as of June 30



	SFY 1998	SFY 1999	SFY 2000	SFY 2001
<1 year	38.8%	35.1%	37.1%	42.0%
1-4 years	25.5%	28.2%	27.9%	25.5%
5-9 years	14.1%	15.5%	14.9%	13.3%
10+ years	21.6%	21.3%	20.1%	19.3%

Source: WANG and Decision Support System